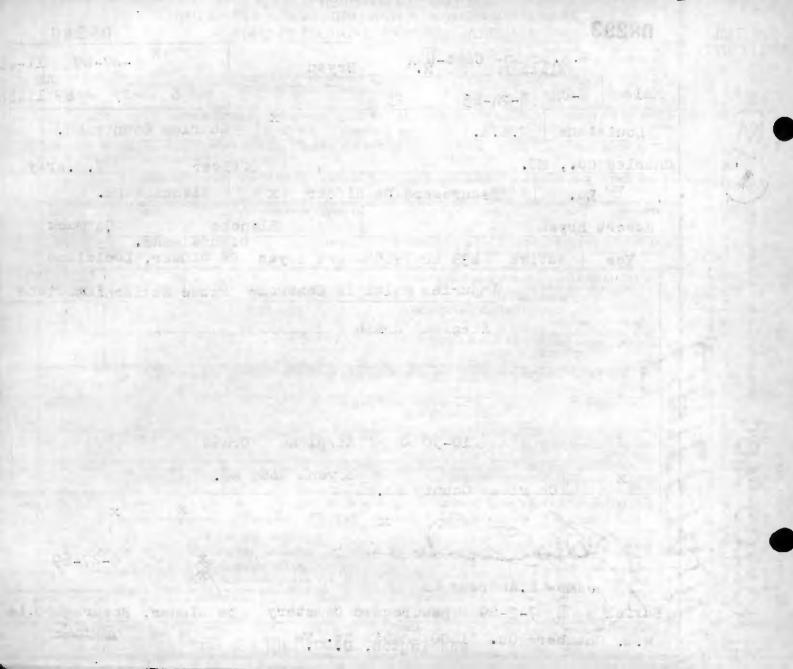
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Third lifting I be		21g. EXTERNAL C	AUSE WAS CONTRIBUTING		INJURY Month, D M. 10 – 30	oy, Year AM	21c. HOW INJ	ury occurred	(Enter natur	re of injury in F	Part 1 or Part 2,		3
IN .R: 1 shauld the certification is should the files. 3 should nation, a	MEDICAL	CAUSE OF DEATH	1	P.	M.	19							
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7%		08292	DIVISION OF VITAL RECORDS,	301 W. PRESTON STR		E, MARYLAND 21201	08285	;
÷ _ 2 ÷		ECEASED-NAME First	Middle	Lost	20.	DATE OF DEATH		2b. HOUR
death heral and 2		(Ype or print) Willson	Charles Bowli	ng Sr.		June 22 Do	1969	M
in The second	3. 5		4. RACE	S. DATE OF BIR	RTH .	6. AGE (In years last birthday)	IF UNDER 1 YEAR   IF	UNDER 24 HRS.
to Mark		Male	Cauc	Jan.	11 1803	last birthday) 76 YRS.	MONTHS DAYS H	IDURS MIN.
9 9 9		BIRTHPLACE (State or foreign 71	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARR	RIED 9. COL	INTY OF DEATH		
in 24 ho illed in papers. hin 72 h		Maryland	USA	WIDOWED DIVORG	CED C	harles	7	Md.
	10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in haspital	12a. USUAL OCCI	JPATION (Kind of work done	12b. KIND OF BUS	SINESS OR
e eccuted with campietely temove carban any event, with		La Plata		1	Nerd	working life, even il retired.)	Store	7
ecuted with campletely ove carbon y event, with	13 a.	usual RESIDENCE (Where deceased ission) STATE Maryland	lived, if institution: Residence before		3d. INSIDE CITY LIMITS? YES P NO NO	13e. STREET AND NUMBER		1
com com	14	Maryland	Charles	La Pita	X	Hawthorne I	)rive	
	14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAI		Middle		Lost
and i.	160	WAS DECEASED EVER IN U.S. ARMED	mms Bowling FORCES? 16b. SOCIAL SECURITY A	IO. 117. INFORMANT	Maty	Louise Stya	ırt	
E Se o	,00	es, no, or unknown) (If yes give word	r dates of service) 218–16–0		nes A. N	fudd -Son-in	-law-La	Plat
e death certific attending physi permit. Then poon, ar remaval,		Yes WW 1	one couse per line (a), (b), and (c).)		in /		APPROXIMATE	INTERVAL VIC
di ding		PART I. DEATH WAS CAUSED 8	Y: HOTTO	. 1	Kena	Direner	BETWEEN DISET	AND DEATH
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the call by a sit pound in a tion		Conditions, if any, which gave						1
in. Dy that ans	1	rise to immediate couse (a), stating the underlying couse	(b) DUE TO, OR AS A CONSEQUENCE OF					
al-tr		last.	(c)					
The law requires that the death certificate be executed attending physician. has been signed by the attending physician and camplet se as the burial-transit permit. Then please remave car the priar ta burial, cremation, ar remaval, and in any event.			TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)		
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The latter has been as as	CERTIFICATION	THE OF OFERNION	NOTION FOR WHICH OF ERABOR WAS FEE	YES T	NO X	CAUSES OF DEATH?	ONSIDERED IN CERTI	PTENG
ar o re her o re her o re her her her her her her her her her	CERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU		of injury in Part 1 or Part 2,	Item 1R1	
ffico ff He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year		(2110) 110101	or injury in contract contract	110.11	
OR ATTENDING PHYSICIAN: be retained by the haspital ar SIRECTOR: After this certificate e 3 should be detached far u ed with the State Dept. af Heal	E E	21d. INSURY OCCURRED 21e PL	ACE OF INJURY (AT HOME, FARM, STREET, FACE OFFICE BUILDING, ETC.		or R.F.D. No.	City or Town	County	State
this De		TTIME ITTIME			1	11	1	
ING by t frer se c		22a. I certify that (I) (this	haspital) attended the decease e an 1'  ) (we) (did) (did not) view the b	d flore 5/22		to 0/22 , 19	O ( , that (!'	(we) last
END led led he S		saw the deceased aliv	e an la did Alid pat view the h	and that in (my	) (our) opinion o	deoth accurred on the do	ate and hour one	d from the
Shariff To share		226. SIGNATURA	i) (we) (aid faid fibi) view life t	ody diter death.			DATE SIGNED	1
OR Se re		1 litum N	n. Mastern	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS.	6/2/3/	69.
AL D		22d. PHYSICIAN'S NAME (Type)	· MY	7 22e. ADDR		DI dongs	· Karl	-
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta	L	NAME (Type)	110911	lonifies	JeA	MAA	M. 3	3646
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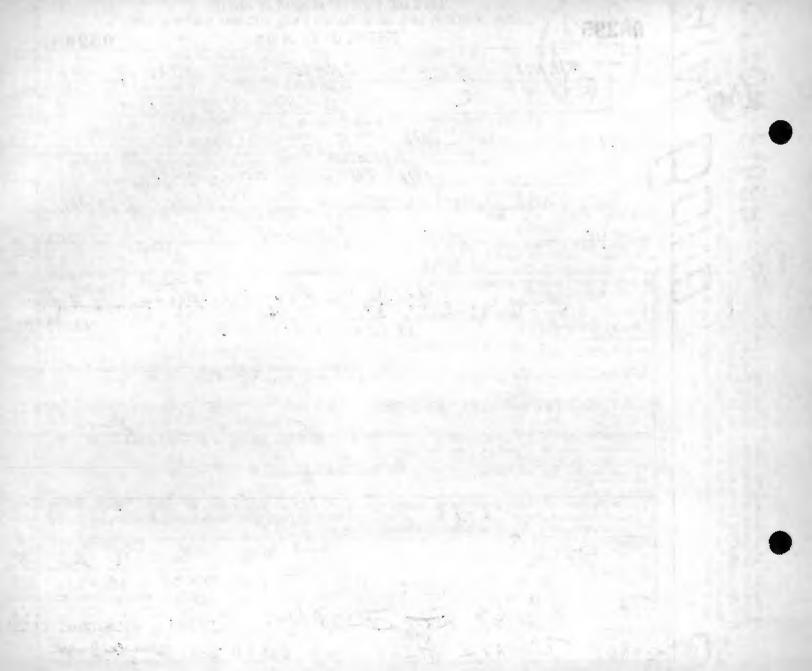
2	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	08293 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 082	86
HEALTH DEPT.	1 persists where	Year 2k HOUR
y delay i and 3 to M3. Page infment a	3. SEX Male S. DATE OF BIRTH 6. AGE (In years IF UNDER 1762R IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Month 6 Day 27 Year 1 25 YRS.	69 1145/
e Deport	70. BIRTHPLACE (Stole or foreign country)  Touisiana  Th. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED: 9. COUNTY OF DEATH COUNTRY)  Charles County Me	d. Md.
death Story	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND	OF BUSINESS OR
s after along the death.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Ea. 13b. COUNTY De Ridder 13c. STREET AND NUMBER Glendale Rd.	,
24 haurs in Item II in Item II is Office is after a	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  Robert Bryan Blanche Cammi	lost ack
vithin sencil aminer e page	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (Mass gives vego is dones of service) 435 60 7915 Robert Bryan De Ridder, Louisi.	ana
ate shauld be executed g the ward "pending" is of to the Chief Medical s a burial-transit permit	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (of DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	POXIMATE INTERVAL IN ONSET AND GRATH POLICY OF THE PORT OF THE PO
X a a X	WAS PERFORMED?	ES NO
1. The Part of the	PRIMARY OR CONTRIBUTING HOUR A.M. 10-30 AVI ALPPLANE Crash P.M. 19	
XAMIN Jie the ge 4 si your fi Page 3 crema	WHILE X NOT WHILE of factory, office building, etc.)  AT WORK AT WORK Charles County Mid	State
A S S S S S S S S S S S S S S S S S S S	22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry, and death resulted from: Natural courses Accident, Suicide, Hamicide, Undetermined manner	in my opinion
2 2 2 2 2	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSI	.60
DEPU CESSOR E fune may the FUNES offth	NAME (ype) James F. Andrews MD ADDRESS(Street, city, town, intointy)	
TO I He	230. BURIA, (REMATION, BRUTISTICS)  230. DATE  231. DATE  232. NAME OF CEMETERY OR CREMATORY  232. NAME OF CEMETERY OR CREMATORY  233. DATE  234. LÓCATION (City or Town)  County)  De Ridder, Beaure	gard, La
VR A15ME (5)	24. FUNERAL DIRECTOR  W. W. Chambers Co.  LIOO Chapin St. C. NW  Washington. De C. NW	ye .



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ie de la fet	3. 5		4. RACE		DATE OF BIRTH		1110	FUNDER LYEAR OF UNDER 24 I	MIN.
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ertificate b physician ten please aval, and i	160	(es, na, ar unknawn) (If yes			ORMANT		Address	50.	
phy en en		res	41/-30	-/210E]e	anor May	Carrico	Bryanto	APPROXIMATE INTERVAL	
en Figure		1B. CAUSE OF DEATH (Enter	er anly one cause per lipe for (a), (b), a	nd (c).)	On a	0	1	SETWEEN CINSET- AND DEATH	H
eath mit. arr			MEDIATE CAUSE (a)	gnar	4 000	Luse	ow	10-7-K	Z
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京寺 寺 寺 京		Canditians, if any, which go rise to immediate cause (	(n) (b)	eu,	aur f	ee		1700	~
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e la tend sis b as b as	A	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION V	VAS PERFORMED	20a. AUTOPSY?	CALICEC O	S, WERE FINDINGS CON F DEATH?	NSIDERED IN CERTIFYING	
to de se est	CERTIFICATION	AL ACCIDENT MACHINES	NIVINO	Let upo	YES NOX				
AN: ol a cate far Hea		21 a. ACCIDENT WAS UNDER	F DEATH HOUR A.M. Manth Day	Year 21c. HOW	INJURY OCCURRED (Ent	er nature at injury	in Part 1 or Part 2, Ite	am TB.)	
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifice le 3 shauld be detached fai ed with the State Dept. af He	MEDICAL	(If either, natify medical ex	xaminer) P.M.	19	Tion or neg ti	1		£	
HY ha ha ach ept	2	21d. INJURY OCCURRED While Nat while	218. PLACE OF INJURY (AT HOME, FARM, STI	IC. PACIORY,) 211. LOCA	ATION Street or R.F.D. N	la. City ar	Tawn	County Stat	8
te Det	1/	at wark at wark	folia i sa bi sa i i i di il		10	A.	10	Ab = 4 (1) ()	i i
be Sta		22a. I certify that (I)	(this bospital) attended the de	ceased fram	that in (my) (aur) a	, ta	curred on the date	, that (I) (we) e and haur and fram	the
red fire	1	causes stated ab	ed prive an bove_(i) (we) (did) (did nat) view	the bady after de	ath.		.orred dir me dan	s and hadrand man	1110
TA SP SH		22b. SIGNATURE	7	/		hen	22c. D/	ATE SIGNED	
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AL D		22d. PHYSICIAN 8			22e. ADDRESS				
Page 4 may be retained To FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		NAME (Type) E. J.	Edelen M.D.		La Pla	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	land 206	46	
HOS Gulfaul	230	. BURIAL, CREMATION, 2	23b. DATE 23c. NAI	ME OF CEMETERY OR CE	REMATORY	23d. LOCATION	(City or Town)	(County) (State)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to	B	REMOVAL (Specify)		.Mary's		Bryant	own, Char	les, Md.	
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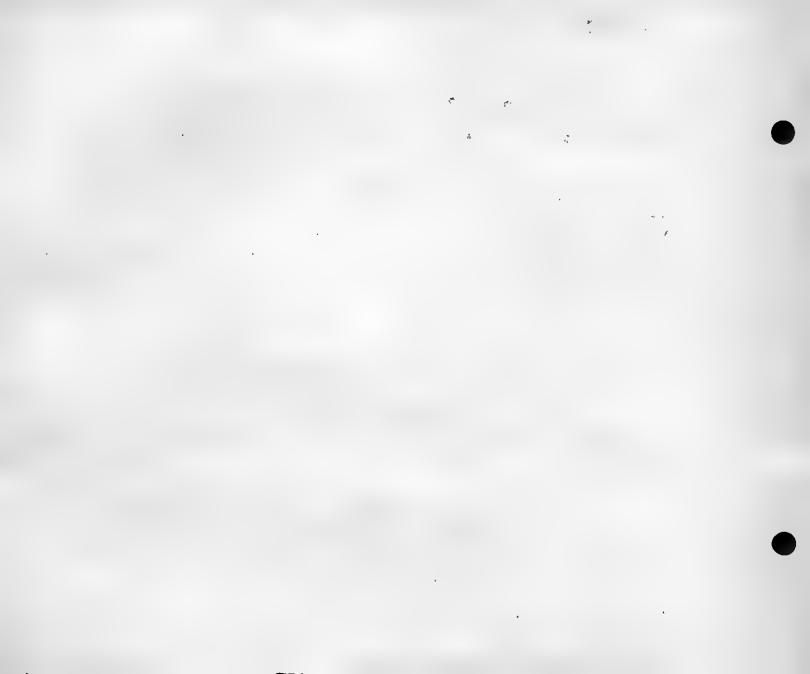
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aur aur		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY?	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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and rem	14.	ATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDEN NAME F	irst Middle	Lost
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g physician Then pleas mayal, and		was deceased ever in U.S. Al	RMED FORCES? 16	b. SOCIAL SECURITY NO	17. INFORMANT	Address	
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The law re attending has been se as the h priar ta	NOI	190. DATE OF OPERATION 191	. CONDITION FOR WHICH	ODERATION WAS DEDE	DRMED 20o. AUTOPSY?	I ROLL IF WES TAKEDS STANDARDS	Oličin poen ali contiguito
: The loar aften te has buse as allth prior	CERTIFICATION	TO DATE OF DECEMBER 171	. CONDITION FOR WHICH	OFERRION WAS FERE	YES MO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	LO S
AN: The law requires that the death conflicate be executed all ar attending physician. It is been signed by the attending physician and completar use as the burial-transit permit. Then please remave can all a burial, cremation, ar remaval, and in any event	CERT	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME OF IN	IIIRA		noture of injury in Port 1 or Port 2,	1
fileat for for file file	K	OR CONTRIBUTING CAUSE OF OF	ATH HOUR A.M. A	Nonth Doy Year	TIC HOW HOOK! OCCORRED (EIHER	notore at injuly in Port 1 or Port 2,	Irem (o.)
OR ATTENDING PHYSICIAN: be retained by the haspital ar NIRECTOR: After this certificate e 3 shauld be detached far t ed with the State Dept. af Hea	MED	(If either, natify medical example 21d. INJURY OCCURRED 21		HOME, FARM, STREET, FACTOR	21f. LOCATION Street or R.F.D. No.	City or Town	County State
PH be h his etac Dep		While Not while of work	OFF	ICE BUILDING, ETC.	The societion should be to be to the	city of fown	coomy
ing by th fter t fter d be d State			his hospital) attend	ed the decensed	from 6 - 16 19	69, 10 6-19 19	69, that (1) (we) last
NDI Sid b Id b Id b					from 6 - 16 , 19 , 22, and that in (my) (aur) api	nian death accurred on the do	ote and hour ond from the
TTE atine that the the the		causes stated abov	e, (I) (we) (did) (did	d not) view the be	dy ofter deoth.		
OR ATTENI be retained JIRECTOR: A e 3 shauld ed with the		22b. SIGNATURE	la Ullina			ED. STAFF	DATE SIGNED
Dill be		22d. PHYSICIAN'S	round			RECTOR PHYS.	0-20-69
RAIL RAIL Pe f		NAME (Type)	=-M. 10)	HNSON	MI-D 22e. ADDRESS	A PLATA V	ud.
Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Figure	230	BURIAL CREMATION. 236	DATE /		METERY OR CREMATORY	Last totation (c)	15-13-2
Pag O Fig Sho	250,	REMOVAL (Specify)	123/19		TRANSPORTS.	23d JOCATION (City or Town)	(Caunty) (State)
1/0	24.	FUNERAL DIRECTOR	2-101	ADDRESS	250. REC'D BY	REGISTRAR 2Sb. REGISTRAR'S	STGNATURE
VR A15 (3)	1	VEROX F	JORRYS	PH22	4 POWNEY DOUN 3	Country of the Countr	as Judge .



	110230		PRESTON STREET, BALTIMI CATE OF DEATH	ORE, MARYLAND 21201	08289
	eceased-Name firstBaby	Garl	Lost Gates	20. DATE OF DEATH  June 3 Doy	196 gear 6:15
3.	Female W	hite	5. DATE OF BIRTH  June 3, 196	6 AGE (In years lost birthday) YR5	15 UNDER 1 YEAR IS UNDER 24 HRS MONTHS DAYS DOURS M'N
7a coi	BIRTHPLACE (State or foreign http://maryland	HAT COUNTRY?  ed States WIDOWE	I HEARK SMYCKIED	COUNTY OF DEATH Charles	
	LaPlata Sper	ame of Hospital or Institution (I Street oddress) 1ysicans Mem.	Hosp. during most	OCCUPATION (Kind of work done of working life, even if retired )	12b. KIND OF BUSINESS OR INDUSTRY
13o odr	USUAL RESIDENCE (Where deceased lived, if institutions) STATE  Md  13b. COUNTY	Charles Pot	omac Herris NO	13e, STREET AND NUMBER	lace
14.	Raymond Ga	ites	15. MOTHER'S MAIDEN NAME First Louise	Merton Middle	Lost
160	WAS DECEASED EVER IN L.S. ARMED FORCES? es, (1 yes give war or dates of service)		informant aymond Gates	- Potomac Hei	ghts,Md.
NOI	Conditions, if any, which gove (b) (b) storing the underlying couse (c) (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBU	Kissain echoss a consequence of  TING TO DEATH BUT NOT RELATED		DITION GIVEN IN PART 1(0)	BETWEEN ONSET AND DEATH  ZLL-7,
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING   216. TIME OF OR CONTRIBUTING   CAUSE OF DEATH   HOUR A M. P.M.	Month Day Year 19		206 IF YES, WERE FINDINGS C CAUSES OF DEATH? sture of injury in Port 1 or Port 2,	
W W	21d. INJURY OCCURRED While of work 22a. I certify that (I) (this haspital) after saw the deceased alive an couses stated above, (I) (we) (did) (22b SIGNATURE)  22d PHYSICIANS NAME (Type) Arthur O. Wo	(did not) view the body ofte	ad that in (my) (auc) oning	CTOR STAFF 22c.	County State  (9, that (1) (we) laste and hour and from the
]	BURIAL CREMATION, 236. DATE 6/5/69 FUNERAL DIRECTOR	23c NAME OF CEMETERY OF Trinity Me	m, Gardens		
1	rehart Funeral Home	.IncLa Pla	ta Md DATEJUN	9 1969 Killian	LINE AMERICA



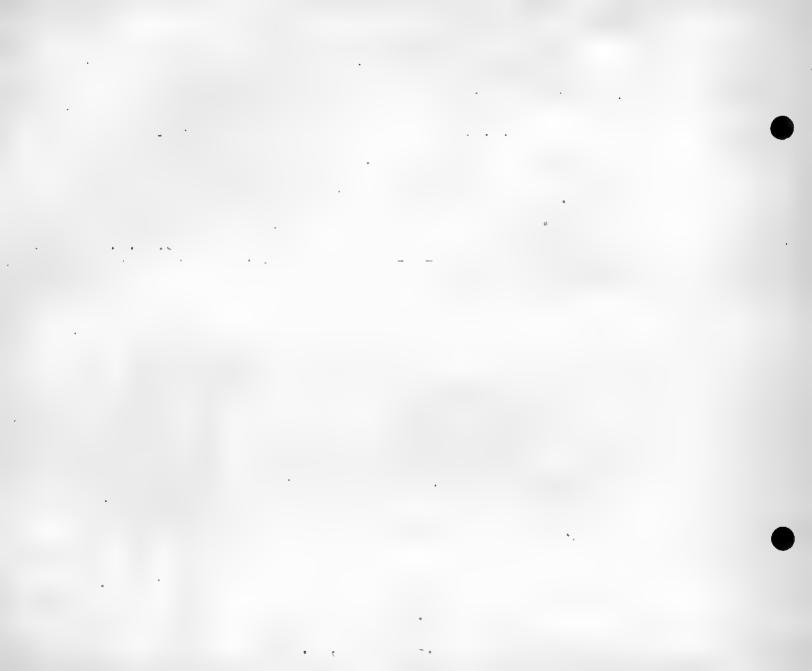
<del></del>		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
<b>EOR STATE</b>		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08290						
HEALTH DEPT.		FECEASED NAME First Middle Lost 20. DATE KNOWN F. Month	Day Yeor 2b HOUR						
any delay is 2, and 3 to PM3. Page			ne 7,196912:30A						
delay is and 3 to 13. Page	3 \$		2d HOUR						
P NO A		lale Negro May 14, 19 29 40 vrs	7, Year 19 69 12:30						
Deport	7a. coy(	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH							
2 to 75	1. (	Share Co. 110 Charles	Md Md						
offer death S Give Pages 1, offer with form with the State De	10.	give street address) during most of working life, even if retired	12b KIND OF BUSINESS OR INDUSTRY						
	130	LaPlata   Physicians Memorial Hospital    JSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. City OR TOWN   13d inside city . M 152   13e STREET AND NUMBER	1						
	0	odmission) STATEMaryland 13b. COUNTY Charles Hughesville YES NO							
24 hours in Item of ris Offide es land 2	14_	EATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost						
hin 24 haun ncal in Item niner's Offic pages land hours after		Jomes A. Hawkins Mary A. Lyles							
be executed within 24 haur "pending" in mencul in Item, ief Medical Examiner's Offid insit permit. File pages Land' event within 72 hours affer		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	L. MJ						
be executed wit "pending" in Me nief Medical Exan ansit permit. File event within 72	-		APPROXIMATE INTERVAL						
executed nding" ir Medical I permit. I		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY	BETWEEN ONSER AND DEATH						
re execute pending" ef Medical nsit permit		IMMICDIATE CAUSE (o) Fatty Metamorphosis of Liver  57/8  DUE TO, OR AS A CONSEQUENCE OF							
be in in it is in it		(anditions, if ony, which gave )							
should e ward the Ch turial-tro		rise to immediate couse (a), (b) stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF							
should be en ward "per a than Chief i burial-transit		lost   (c)							
INMR: This certificate should be executed within 24 hau e certificate, writing the ward "pending" in mencil in Item. ahould be forwarded to the Chief Medical Examiner's Office.  Lles.  3 should be used as a burial-transit permit. File pages land ation, or removal, and in any event within 72 hours after		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)							
certific orwards orward orward orward orward orward orward orward.	NOIL	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?						
his ce fet, v e forv be us	CERTIFICATION	: WAS PERFORMED?	YES NO						
CAL ELAMINER: This execute the certificate for your f.les. TOR: Page 3 should be furial, cremation, or recognized.	GE	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,							
INER: e certh mhould f.les. 3 shau ation,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19							
The the right of the state of t	ME	21d INJURY OCCURRED  WHILE NOT WHILE 12le PLACE OF INJURY (At home, form, street, street, por while placetary, affice building, etc.)  21f LOCATION Street or R.F.D. No. (ty or Town)	County State						
ICAL LEAMINER: Execute the certion. Toge 4 mbould for your files. CTOR: Page 3 should burial, cremation,		AT WORK AT WORK							
CAL E exect or. Eo or. Eo CTOR: burial,		22a   certify that I taok charge of the remains described above, held an Autapsy , Inspection , Inquiry (							
please e l director retorne.		death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manne							
Try please eral direct eral direct RAL DIRECT Prior to 1		ACTUAL CHIEF MEDICAL EXAMINER &	e tignen						
Prince Pr		SIGNATURE	ESIGNED 6/8/69						
necessory, please extremely the funeral director.  S may le retoun.  For EUNERAL DIRECTOR  Health prior to bur		EXAMINER'S Russell S. Fisher, M.D. ADDRESS(Street, city, town, or county)							
T s ± ~ D ±	230	BUR AL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CHEMATORY 23d LOCAT ON (City or Jown)	(County) (State)						
	24	Dillean Suno 1269 St. Mary Church Cem. Dry anlown  Phieral Director  ADDRESS  ADDRESS  250 REGISTRAN 1250 REGISTRAN  250 REGIS	S SIGNATURE						
VR ALSME (S)	-	M. + 10 Codanas Princes mil							
10M REV 1/6	L	Maille Claame uglases, Ma. 17 1969 Solient	Co Jacker						



	1						DEPARIME					
		08293	3	DIVISIO	N OF VITAL RECORDS				DRE, MARY	LAND 21201	0829	1
					14 4.4	CERTIFIC	Lost		a. DATE OF D	FATU	U023	
within 24 hours after death.  Tely filled in by the funeral ban papers. Pages press.  Within 72 hours after death.		ECEASED-NAME (ype or print)	Regin	al d	M ddle Price	Usas			a. DAIL OF D	Month Day	12 Year 10	2b HOUR
e g	3 5	Y	wegrii	4 RACE	LLTCG	пш	ngerfor		1/	June 1	IF UNDER 1 YEAR	169 M
nours after dear by the funera s. Pages James hours after dear	1 1	Male			Cauc.			30,188		lost birthdoy)	MONTHS DAYS	HOURS MIN
ours by t	7a.	RIPTHPLACE (State	or foreign		OF WHAT COUNTRY?	8. MADDIED	NEVER MARRI		OUNTY OF D			
within 24 hours of sly filled in by the within 72 hours of	£00	Maryl	and		USA	WIDOWED			Charl	es		Md.
filled in papers.	10	ITY OR TOWN OF	DEATH		11 NAME OF HOSPITAL OR I	NSTITUTION (If a	sat in haspital	12a USUAL O	CCUPAT ON (I	(ind of work done	12b KIND OF E	BUSINESS OR
with f		La Pla			Physicians	Memor	rial	during most of Re1	of working if	e, even f retired) ountant	USGOV	ern
	13o.	USUAL RESIDENCE	(Where decease	ed lived, if	matabata and Daniel and hada	e 13c CITY OR		PRINCIPLE CITY FINYLZS	13e. STRE	ET AND NUMBER		
camp camp		ission) STATE Mary		130. 00	UNIX Charles			YES NO				
and camplest in all yevent,	14	FATHER S NAME	First	Jyk	10016 (02)	1:	S MOTHER S MAIS			Middle		Lost
ertificate be ex physician and en please rem aval, all in al	1				erford	V.NO. 117	Mary INFORMANT	, Susar			- 4	
icate brission please	100	WAS DECEASED I	n) (If yes give w	er or dates at se	rvice]				8403	Catiledi	ral Ave	
ph)	⊨				216-46-		Mary H.	Baden	New	Carrollt	APPROXIM	RATE INTERVAL
he death certifi s attending phy: permit. Then p pian, ar remaval		PART I. DE	ATH WAS CAUSED	BY:	e per line for (b), and (	Vory	1/10	1/01	11.	Rest.	BETWEEN ON	NSET AND DEATH
dea dea fren n, ar		11 .	IMMEDIA	TE CAUSE (o	O, OR AS A CONSEQUENCE O		1 223	9	-62 2			4/
requires that the death certificate be executed physician. signed by the attending physician and cample burial-transit permit. Then please remave as binial, crematian, ar remaval, all in any even a binial, crematian, ar remaval,		Canditians, if or	ny, which gave )	000	U, UK AS A CONSEQUENCE C	BEEZ	0111	1 Level			196	. 47
that th an. by the ransit p		rise to 1m medi stating the unc		DUE T	O, OR AS A CONSEQUENCE O		,	2			1-1	6
Sicion Sicion Called Bed Bed Bed Bed Bed Bed Bed Bed Bed B	1	last.	serrying couse	1	(c) 1 R -	CEEKL	un				A Second	, 5
equires to physicio signed I purial-tropontal to purial-tropontal to purial-tropontal tropontal		PART 2 OTHER	SIGNIFICANT CON	ס צאפודום	NTRIBUTING TO DEATH BUT	NOT RELATED T	O THE TERMINAL	DISEASE OR COND	ITION GIVEN	IN PART 1(o)		
the ring and re-	l <sub>z</sub>				- <u>-</u> -							
rend s be as 1	CERTIFICATION	.19o. DATE OF OPI	ERATION 19b.	CONDITION	FOR WHICH OPERATION WAS	PERFORMED	20o. AUTOPS			ES, WERE FINDINGS ( OF DEATH?	ONSIDERED IN CE	RTIFYING
r off	E E	DI - ACCIDENT	WAS DIMPEDIATE	Class	Time AF BUILDY	- Inc. 11	YES	NO TO			14. 101	
IAN: al o iicat far Ileo		21 a. ACCIDENT	G CAUSE OF DEAT medical examin	HOU	TIME OF INJURY R.A.M. Month Doy Yea		OW INJURY OCCU	IKKEU (Enter no	ture at injury	in Port 1 or Port 2,	item 18.)	
SIC spit sertified	MEDICAL	(If either, notify 21d INJURY OC	medical examin	PLACE OF II	P.M.	FACTORY 1 215 Li	OCATION Street	ar P.F.D. No.	City o	r Town	County	State
PHY e he he bep		While   Not v	while [ ]	TEACE OF II	NITURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	7 211. 6	DOMINI SHEET	ui Kitioi iiv.	Sily 0	1 754711		21010
NG y the er the deer	1	DI WUIK DI V	YUEK J	s haspita	I), attended the deced	ised from	16/10	19	10/-2-	-17:19	, that	(I) (we) last
NDI od b od b od b		saw the	deceased_a	IVE OR	1 - 1 - C -	_)29 <u>252,</u> an	that In my	(aur) apinia	n déath ac	curred an the di	ate and haur	and fram the
TOR Gine		22b SIGNATURE	stated above	, (I) (We)	(did) (did nat) view th	e body after	death.		,	1 22.	DATE SIGNED	
REC 3 S S S S S S S S S S S S S S S S S S		ZZD SIGNATUKE	(/ .)	X (-	dele.	DEG	REE PHYS.	MÉD.	TOP		me 13,	1969
V by by by billier files		22d. PHYSICIAN	XXX		cheren		22e. ADDR			11163.	410 . )	- / - /
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 shauld be detached for use as the burial-transit permit. Then physhauld be filed mith the State Dept of Lealth prior to bimal, crematian, ar remaval,		NAME (Typ	//	dele	n.M.D.		Lé	Plata	Mar.	yland		
HOS ge 4 FUN recto	230	BURIAL, CREMAT	10N, 23b	DATE		OF CEMETERY OR		- 1		(City or Town)	(County)	(State)
57 5 19 48 5		REMOVAL (Speci		ne 1			hurch (	Ceme. V	Naysi	de, Char		/d.
VR AIS IN D		FUNERAL DIRECTO			ADDRE			2So. REC'D BY R		2Sb REGISTRAR	400	
30M REV VI AM	1	rehart	Funer	al H	lome Inc. I	a Pla	ca.Md.	DATE 17	1969	Konsin	En Jacoba	40

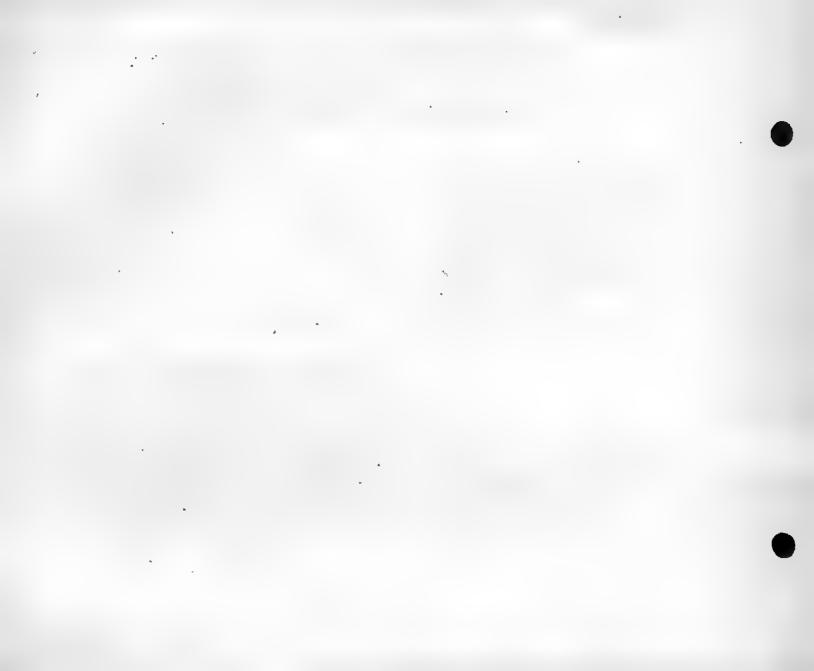


1	MAKTLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY	TAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0000
HEALTH DEPT.	1. DECEASED NAME (Type or Print) JAMES EDWARD JENIFER	20 DATE KNOWN P Month Day Year 2b HOUR DEATH MATED P 25 (25 5 5)
deloy	3 SEX A RACE S DATE OF BIRTH 6 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HES MONTHS DAYS HOURS MIN	2c DATE PROMOUNCED DEAD Manth Day Year 2d. HOUS
S 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		UNITY OF DEATH Charles
Give Pages ong with for ith the xate	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 tSUA, C	occupation (Kind of work done   12b KIND OF BUSINESS OR of working of the even if retired.)   INDUSTRY   Farming
hours ofter Item 18. Giv Office olong I ond 2 with t	13a. USUAL RES DENCE (Where deceased I ved, if institution: Residence before 13c City OR YOWN domission) STATE  13b COUNTY Chartes Pomfret YES NO X	13e. STREET AND NUMBER
M hours of the less of the les	14. FATHER'S MAME First Middle Last IS MOTHER'S MAIDEN NAME First Joseph Green Mary Elizab	
INER: This certificate should be executed within 24 hours ofter death re cert ficate, writing the word 'pending' in pencil in Item 18. Give Page should be forwarded to the Chief Medical Examiner's Office along with files.  3 should be used as a burial-transit permit. File pages land 2 with the Xai should be used and in any event within 72 hours offer death	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  (YANDS or unknown)  (If yes give wor or doing of service)  214-58-4637 James A. Je	ates StopREN.E., Wash., nifer-Grand-Father D.C.
cuted viginal of the cuted viginal of the cute of the	18. CAUSE OF DEATH (Enter only one couse per line for (ETD), ond (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g)  MY WATURE OF DEATH (Enter only one couse per line for (ETD), ond (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
INER: This certificate should be executed with the cert ficate, writing the word pending in personal be forwarded to the Chief Medical Examifiles.  3 should be used as a burial-transit permit. File nation, or removal and in any event within 72	Conditions, if any, which gove )	
should should the Ct urial-tra	nse ta immediate cause (a).  stoting the underlying couse   DUE TO, OR AS A CONSEQUENCE OF     last   (c)	
so the and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITI	ON GIVEN IN PART 1(a)
This certificate, wrill be forward to be be used or removo	19a DATE OF OPERATION 19b COND T ON FOR WHICH OPERATION WAS PERFORMED?  21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c May Injury OCCURRED (Enter national Control of Contr	20 AUTOPSY? YES ☐ NO 🛣
KAMINER: This certific te the cert ficate, writin te 4 should be forward your files. oge 3 should be used as cremation, or removol	PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF A CAUSE OF DEATH	ure of in ury in Part 1 or Part 2, Item 18.)
	21d INJURY OCCURRED  21e. PLACE Of NJURY (At home, form affect)  White NOT White County of the bending, etc. 1  AT WORK AT WORK AT WORK	cle there Clay the
rcal E) e execut tor. Pag ed for ) crok: P		spection Inquiry I and in my apınıar
pleose er director retorned	death resulted from Natural causes , Accident , Suicide , Hamicide CRIEF MEDICAL EXAMIN	
	ACTUAL SIGNATURE  EXAMINER'S  ASSISTANT MEDICAL EXAM DEPTHY MEDICAL EXAM	AMINER 226. DATE SIGNED
o DEPUTY necessary, the funeral 5 may be r 0 FUNERAL	NAME (Type) A COLLECTION OF A CARDERS (Street, city, to	"La "Plata, Md.
01	Burial 7/2/1969 St. Joseph's Cemetery	LOCATION (City or Town) (County) (Stote)  Pomfret , Maryland
NO E KILE (EL A	24 FUNERAL DIRECTOR ADDRESS 25g REC D BY RE	GISTRAR 25b REGISTRAR, S S GNATURE
VR A 5ME (5) 10M REV 1/68	Arehart Funeral Home, IncLa Plata, Md. JUL 3	1969 Charles Judge



FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8293
HEALTH DEPT.		DECEASED NAME Type or Print)  ALBERT  Middle  Light OF EST. DEATH MATED C	Day Year MANN
deloy and 3 mand 3 man Pogg	13 S	SEX 4 RACE S DATE OF BIRTH 6 AGE (in years if UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN MONTH Day Day	Year 2d HOWR
If only Is a Lange of the Confession of the Conf	cour	BIRTHPLACE (State or foreign 75 CITIZENIOF WHAT COUNTRY) 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH OF OPEN WIDOWED DIVORCED 9	rees Mo
fer deoth. I Give Pages my with for	lù	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  12a USJA. OCCUPATION (Kind of work done during most of working life, even if retired)  13d PES DENCE (Where decembed lived it institution, Residence helper)  13d PES DENCE (Where decembed lived it institution, Residence helper)  13d PES DENCE (Where decembed lived it institution, Residence helper)	126 KIND OF BUSINESS OR INDUSTRY
MORE, M irs ofter 18. Gyg ie olong	٥	odyson) Tale   13b COUNTY Charles   Waldorf   YES   NO	
BALTIMORE, 24 hours of in Item 18. rr's Office olo		FATHER'S NAME First M.ddle Lost 15 MOTHER'S MAIDEN NAME First Middle  Paul Joesph Lyles Ella Louisa  WAS RECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUR TY NO 17 INFORMANT ADDRESS	SHORTER
STREET, By J within 24 In pencil in Exom ner's File pages	()	Yes find ar unknown) (If yes give war or dates at service) 212-54-3659 PAUL LYICS Worldorf	APPROXIMATE INTERVAL
PRESTON STREET executed within ending in pencil f Medical Exorming permit. File pagent within 72 had		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSIQUENCE OF	DEFFMEN ONSET ANM DELIM
W. PRESTON d be executed d pend ng' i Chief Medical fransit permit.		Conditions, it any which gave rise to immediate course (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	4-69
55, 301 W. P. e. should be ethe word per to the Chief burial-transit d in any ever		lost.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART I(g)	/
VITAL RECORDS, This certificate slate, writing the forwarded to be used os a burner.	ATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20. AUTOPSY?
Tage a A	L CERTIFICATION	WAS PERFORMED?  21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A M.  42b. TIME OF INJURY Manth, Day, Year HOUR A M.	YES NO
오줌 의 삼 표 % 된	MEDICAL	CAUSE OF DEATH  P M 19  21d. INJURY OCCURRED 21e, PLACE OF INJURY for home, form, street,	Lower State
_ 5 % = 30 %		220. I certify that Large thange af the remains described above, held an Autapsy . Inspection . Inspection .	and in my apınıan
MEDICAL   Neose exect director Po etouned for DIRECTOR; to burgat		death resulted from Natural causes , Accident Suicide , Hamicide , Undetermined manner  CHIEF MEDICAL EXAMINER   ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER   2267 DATE	
MA Perol		EXAMINER'S DEPUTY MEDICAL EXAMINER	SIGNED 64
TO DEPU necesso the fun 5 moy TO FUNE Heolth.	230	NAME (Type)  ADDRESS(Street, city, town, or county)  O BURIAL REMATION. REMOVAL (Specify)  236 NAME OF CEMETERY OR CREMATORY  JULY 7 1969  JOHN WESLEY MEL CHARCH  WOLLORF	(Caunty) (State)
VR A15ME (5) 10M - 1/69		FUNERAL DIRECTOR  ADDRESS  250 JEY BY REGULATIONS PROBLEMS  Ohnson Funeral Home R+224  DA" 7 5 27 Helle L	and

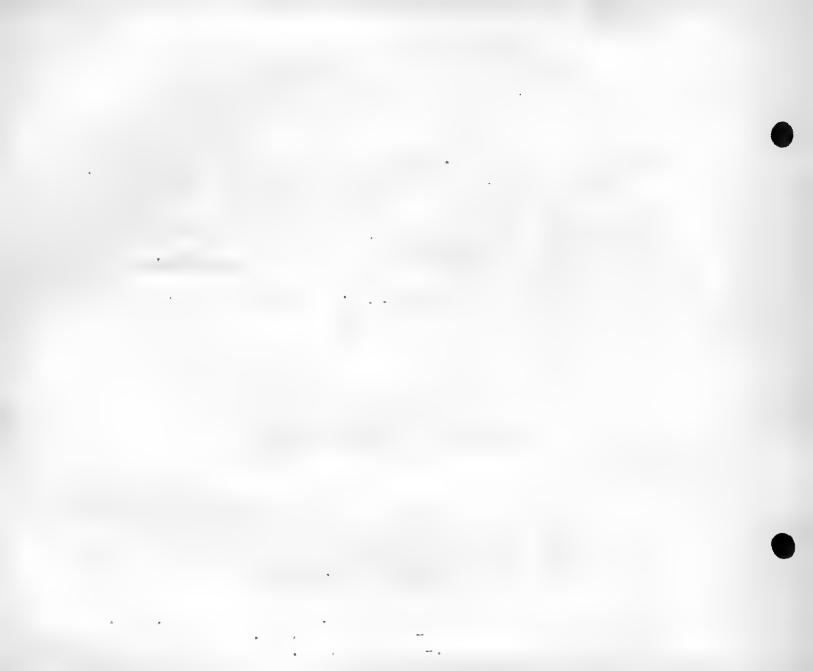
MARYLAND STATE DEPARTMENT OF HEALTH



12 15	7/21, /60 LE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		8294
HEALTH DEPT.	1 DECEASED NAME Fist Stanley Middle Magness 20 DATE KNOWN Month Doy	Yeor 25 HOUR 59 11-45AN
defay and 3 33. Po	Male White 3-12-26  S. DATE OF BIRTH 1929  6. AGE (in years lost pirthdgy)   6. AGE (in years lost pirthdgy)	2d. HOUR Yeor A 5 A N M
the Department of	76 BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   9 COUNTY OF DEATH   Charles County N	Id. Md.
	Bryans Road Md. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital Do USUAL OCCUPATION (Kind of work done 12b during posts) of working life even fretired.) INDU	KIND OF BUSINESS OR STRY IS.Army
urs after n 18 siv	130 LSCAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN odm:ssion) STAFE Alabama 36 COUNTY  Anniston YES NO Eulaton Rd.  14 FATHER'S NAME First Middle Lost Is MOTHER'S MAIDEN NAME First Middle	
I hours Item 14 Office Tond 2 ofter d	to manufacture and the state of	hell
thin ncul nine page	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) (16 yes give war or dates of service) (Yes, no, or unknown) (If yes give war or dates of service) (16 yes give war or dates of service) (17 yes give war or dates of service) (18 yes give war or dates of service) (19 yes give war or dates of service) (10 yes give war or dates of service) (11 yes give war or dates of service) (12 yes give war or dates of service)	
d be executed within 24 hours a different of pending in pencific of the Medical Examiner's Office of transit permit File pages I and 2 within 72 hours offer deap	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Injuries Multiple Extreme	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH mmediate
should be executed with should be executed with per word pending in perior the Chief Medical Example build-transit permit File in any event within 72	Conditions, Tony which gove insert original the underlying couse (a).  Storing the underlying couse (b).  DUE TO, OR AS A CONSEQUENCE OF  (b) Airplane Crash  DUE TO, OR AS A CONSEQUENCE OF	Immediate
INER: This certificate should be certificate, writing the wor should be farwarded to the files.  3 should be used as a burial-inition, ar removal, and in an	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
This certificate total, writing the be farwarded to be used as a bir removal, and	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?  210 EXTERNAL LAUSE WAS 216 TIME OF INJUNTATION Part 1 or Port 1 or Port 2 Item 18	20 AUTOPSY? YES NO
INER: This certificate, writ should be farwar files. 3 should be used afform, ar removo	PRIMARY OR CONTRIBUTING HOUR A.M. 10-30AM Airplane Crash	:)
	WHILE AT WORK AT WORK foctory, office building, etc.)	unty Stote narles Md.
DEPUTY SICAL EXAM seessary, please execute the funeral director. Page 4 may be retained for yage FUNERAL DIRECTOR: Page eolth, prior to burial, crem	220   certify that I took charge of the remains described above, held an Autopsy, Inspection Inquiry, death resulted from: Not relicenses, Accident X, Suicide, Homicide, Undetermined monner	ond in my opinion
EPUTY Sissory, pleose funeral directs oy be retained INERAL DIRECTAL	ACTUAL  SIGNATURE  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  22b. DATE SIGNE  6-27-	
TO DEPUTY necessory, the funero 5 moy be TO FUNERA Heolth pr	EXAMINER'S  NAME (Type)  James E. Andrews MD  ADDRESS(Street, cty, town, or county)	-07
TO D nece the 5 m TO Fu Heol	230 BUR AJ (REMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Coun	.,
VR A15ME (5)	24 FUNERAL DIRECTOR W.W. Chambers Co. 1400 Appension St., Will REC D BY REGISTRAR 256 REGISTRAR'S SIGNAL Washington. D.C. Dall 3 1969 Wishington.	TURE



	1 :		08302 MARYLAND STATE DEPARTMENT OF HEALTH	
	FOR STATE.		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	08295
	HEALTH DEPT.		ECEASED-NAME First Middle SILVEXMAN 20. DATE KNOWN [] OF ESTI- DEATH MATED []	Month Doy Year 2b HOUR
	deloy	3 5	4. RACE S DATE OF BIRTH 6 AGE 10 years IF UNDER 1 HAR IF UNDER 24 HRS 20 DATE PRONOUNCED Months DAYS HOURS MIN MONTHS MONTHS MONTHS MIN MONTHS	DEAD YEAR 2d HOUR-
1	f ony	7o caur	BIRTHPLACE (Stole of foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH  STY) WIDDWED DIVORCED USERVEY	Country Md
	d. 2 deoth Pag with	10		retired 12b KIND OF BUSINESS OR INDUSTRY
40	# to 8 to 1	13a a	US AL RESIDENCE (Winere deceosed livyed is strate and residence before) 30 (ITY OR TOWN 3d NSW (ITY LIMMS) 13e STREET AND NJM dm ssion) STATE ( ) 35 ( ) 4 ( ) 4 ( ) 5 ( )	1048,6 The
2	BALTIMORE, 24, hours, affer in tem 18, 51 's Office alon s. land 2 w th	14.4	ATHERS NAME First Middle Lost IS MOTHERS MADE FIRST MA	ddle Lost
	hin ncil ninei poge	160	(1 yas give war or dates of service) (1 yas give	D- tarte
	RESTON STR executed with inding" in pe Medical Exar permit. File		18. CAUSE OF DEATH (Enter any one cause per line for (a) (b). and (c) )  PART I DEATH WAS CAUSED BY  (MMEDIATE CAUSE (g) COLUMN  (MEDIATE CAUSE (g) COLUMN	APEROA MARE INTERVAL BETWEEN DASSET AND DEATH
D	<u> </u>		Conditions, if any, which gave rise to immediate cause (a).	
1,	S, 301 W. P should be e ne word "per to the Chief I burial-transit in ony even		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
N	OXD cote ig the ed the ed to	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	S S S C E	CERTIFICATION	19d DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?  YES NO
	<u>■</u> 90 0	MEDICAL CER	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M.  P.M. 19  216 TIME OF INJURY Month, Doy, Year HOUR A.M. P.M. 19	r Port 2, Item 18)
	O N 교육로운 함	MEI	21d N.JRY OCCURRED  WHILE AT WORK  AT WORK  21e PLACE OF INJURY (At home, farm, street, factory, office building, etc.)  21f LOCATION Street or R.F.D. No. (1 ty or Town factory, office building, etc.)	Caunty State
	MEDICAL EXAM please execute the director. Page 4 retoined for your . DIRECTOR: Page or to buriol, crem		22a. I certify that I tack tharge af the remains described abave, held an Autopsy , Inspection , Indeed the remains described abave, held an Autopsy , Inspection , Indeed the remains described abave, held an Autopsy , Inspection , Indeed the remains described abave, held an Autopsy , Inspection , Indeed the remains described abave, held an Autopsy , Inspection , Indeed the remains described abave, held an Autopsy , Inspection , Indeed the remains described abave, held an Autopsy , Inspection , Indeed the remains described abave, held an Autopsy , Inspection , Indeed the remains described abave, held an Autopsy , Inspection , Indeed the remains described abave, held an Autopsy , Inspection , Indeed the remains described abave, held an Autopsy , Inspection , Indeed the remains described abave, held an Autopsy , Indeed the remains described abave, h	quiry , and in my opinion
	please exe please exe of director. Pretoined for the precious of the place of the p		ACTUAL SIGNATURE AD ASSISTANT MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER	22b/DATE SIGNED
	TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retoined for your O FUNERAL DIRECTOR: Page Health prior to buriol, crem		EXAMINER'S FOR THE STATE OF THE	6-3'04
	the Her	230 B	BURIAL CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town Lake Side Mem. Park Miami,	rn) (County) (State)
	VR A15ME (5) 10M - 1/69	24.	The state of the s	GISTRAR S SIGNATURE
	10M - 1/69	A.	REHART FUNERAL HOME, INCLa Plata , Md Dail JUN 9 1969 🔏	mende by horange



					E DEPARIMENT OF		
	Ĭ	08303	DIVISION OF VITA		PRESTON STREET, BAL	TIMORE, MARYLAND 21201	09782
		CEASED-NAME Fi	rst	Middle	Last	2a. DATE OF DEATH	2b. HOUR
	-{1	ype or print) Jan	nes Edward	Simmons (I	(ent)	June 27. P	969 Year
	3. SE		4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	N	lale	Negro		June 27,	1969   last birthday) YRS.	MONTHS DAYS HOURS MIN
	70.	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COL	UNTRY? 8. MARRIE	D NEVER MARRIED	9. COUNTY OF DEATH	
	cuos	"" Maryland	USA	WIDOWE		Charles	Md
2	10. (	ITY OR TOWN OF DEATH  La Plata	11. NAME OF give street of Phys	HOSPITAL OR INSTITUTION (I ddress). icians Men		UAL OCCUPATION (Kind of work dane most af warking life even if relired.) Lnfant	12b. KIND OF BUSINESS OR INDUSTRY
9	13a. admi	USUAL RESIDENCE (Where decision) STATE Marvlar	eosed lived, if institution: Re	sidence before 13c. CITY	OR TOWN 13d. INSIDE CITY		
	14. 6	ATHER'S NAME First	Middle	Last	1S. MOTHER'S MAIDEN NAME	First Middle	Lost
		Charle	s Edward K	ent	Buelah C	lara Simmons	
		WAS DECEASED EVER IN U.S. A			. INFORMANT	Address	
	'	es, no, or unknown) (If yes gr	se was or delies or service)	F	Banlah C.Sir	mmons-Mother-L	a Plata Md.
		18. CAUSE OF DEATH (Enter	anly ane cause per line far	a) (1) and (c).)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAU	SED BY: DIATE CAUSE (a)	MZEma	turila		5 AKS.
		777X	DUE TO, OR AS A CO	NSEQUENCE OF			
		Canditians, if any, which gav					
		stoting the underlying cous		NSEQUENCE OF	,		
		lost.	(c)				
		PART 2. OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(0)	
	NO	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPE	DATION WAS DEDUCADAD	AD- AUTORCVA	LODE IS MES MALE SIMPLINGS	CONCIDENCE III CONTINUIS
2	CENTIFICATION	176. DATE OF OPERATION	U. CONDITION FOR WHICH OF	KATION WAS PERFORMED	2Da. AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	CENTI	210. ACCIDENT WAS UNDERL	YING 215, TIME OF INJUR	Y 21c	HOW INITIAL OCCUPPED (Ent	er nature of injury in Port 1 or Part 2,	thom 19 )
	CAL	TOR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. Mgn	th Day Year	HOW HOOK! OCCURRED (EIII	el nature of ligary in Port I at Part 2,	Hern 16.)
	MEDICAL	(If either, natify medical exa 21d. INJURY OCCURRED 2		E, FARM, STREET, FACTORY, 21f. BUILDING, ETC.	LOCATION Street or R.F.D. N	o. City or Tawa	County State
		While Nat while at wark at wark	OFFICE	BUILDING, ETC.		1 1	/ 0
		22a. I certify that (I) (	this haspital) afterded	the deceased from_	(0/2-) 19	61,10 6/20,19	90( , that (I) (we) last
		saw the deceased	alive an	19 VI n	nd that in (my) (our) or	pinion death occurred an the d	ote and haur and from the
		22b. SIGNATURE	ve, (I) ((we) (pid) (qid n	at) view the body afte	r death.	1 100	247 (10) 2
		ZZD. STONATURE	- la line	12. \ ne	GREE PHYS	MED. STAFF	DATE SIGNED > 9/1
		22d. PHYSICIAN'S	5 1001000	No.	CREE PHYS.	DIRECTOR PHYS.	7
1		NAME (Type)	Theo M.	LOW EN	20 1	A MATA	Ed Chara
	23a.			23c. NAME OF CEMETERY C		23d. LOCATION (City or Town)	(County) (State)
	B	PEMOYAL (Specify)	uly 4,1969	St. Joseph	's Cemetery	Pomfret, Char	Les, Maryland
1		FUNERAL DIRECTOR		ADDRESS	2Sq. REC'D	BY REGISTRAR 256. REGISTRAR	
)	A	rehart Fune	ral Home I	nc.,La Pla	ta, Md. DAUL	14 1903	1

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FOR STATE		117304 PHISIO			CERTIFICATE C		AND 21201	08296	
HEALTH DEPT.	1. D	CEASED-NAME MFE	chael	@ddle	Straus		20. DATE KNOWN ME	11 207 - 6 9 or 1 12 L. H	(A) (A)
N 0 0 0			Straus-Lt.		Doraga	_	OF ESTI-	19 TECK	ドラ
ENT TO	3. S		5. DATE OF BIRTH	6. AGE (In year		OF UNDER 24 HRS	2c. DATE PRONOUNCED DEAD		OUR
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epo e		IRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COU		MARRIED NEVER MARR	PED 9. COUN	TY OF DEATH		100
2 E 2	coun	WISCOUSIN	USA	W	IDOWED DIVOR	CED 🔲	Charles Co	untv MD.	Me
Stote Stote	10. 0	TY OR TOWN OF DEATH	II. NAME OF give street or		ION (If not in hospital	120. USUAL OCC	EIPATION (Kind of work doe	ne 112b. KIND OF BUSINESS O	R
00 = (1)		yans Road Mo				US A	working life, even if retired	US Army	
s offer 18. Give along 2 with death.		USUAL RESIDENCE (Where deceo	sed lived, if institution: R 136. COUNTY				13e. STREET AND NUMBER		
hours office ond 2 v	_	F'LA.					1526 61st ]		
hin 24 hours offer not in them 18. Gi niner's Office along pages lond 2 with hours offer death.	14, 1		Middle Straus	lost	15. MOTHER'S MAIDE		Middle	Lost	
hin 24 ncil in niner's poges hours	160	VAS DECEASED EVER IN U.S. ARMED		OCIAL SECURITY NO.	17. INFORMANT	ne M. I	ADDRESS		
s certificate should be executed within 24 hours ofter e, writing the word "pending" in pencil in Item 18. Giv forwarded to the Chief Medical Examiner's Office along used as a buriol-transit permit. File pages lond 2 with temoval, and in any event within 72 hours ofter death.			war or dates of service) 34			w. str	aus See 13	3 0 0 0	
6 with per Exam File n 72		1B. CAUSE OF DEATH (Enter or			<i>p</i> 02423	. 110 0-2	aus bee 1	APPROXIMATE INTERVAL	
be executed "pending" in nief Medical E unsit permit. F event within		PART I DEATH WAS CAUSE	D BY: ATE CAUSE (o) Iniu		tiple Fyt	momo		BETWEEN ONSET AND DEAT	IH.
e execute pending" of Medical sit permit		841.1 IMMEDI	DUE TO, OR AS A C		OTOTE EVE	reme		Immediate	
be 'pe 'ipe 'inef		Conditions, if ony, which gave	) A	plane XC	rash			Immediate	
world world the Ch riol-fre		rise to immediate cause (o), stating the underlying cause	DUE TO, OR AS A C						
should be executed ne word "pending" is to the Chief Medical buriol-transit permit.		last.	(c)						
ertificate sh writing the warded to to sed as a bur lovol, and in		PART 2. OTHER SIGNIFICANT CONF	OTTIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMINAL DISE	EASE OR CONDITION	GIVEN IN PART I(o)		
certificate writing th orwarded t used as a t	NO	190. DATE OF OPERATION	liai c	AUDINOU FOR HAIRE	DOPPA HIDLE			La companya	
is certific te, writin forwards e used as removal,	FICATI	IYO. DATE OF OPERATION		ONDITION FOR WHICH ( VAS PERFORMED?	PERATION			20. AUTOPSY?	
Thi cot Se De	CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	Momis Doy Year	Tale HOW INTERPREDE	IPPED /Enter noturn	of injury in Port 1 or Port	YES NO	4
INER: te certifis should lifes. 3 should notion, o		PRIMART OR CONTRIBUTING	HOUR A.M.	-30AM				z, nem 10.j	
INE CE	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED 21e.	P.M. PLACE OF INJURY (At home		Airplan 21f. LOCATION Street or		City or Town	County Sto	118
EXAMINER:  ute the certifuge 4 should your files. Poge 3 shoul		WHILE AT WORK TO	octory, office building, etc.)		Bryans R	oad Md.	Charles Co	unty	
			aak charge af the ren	nains described abo	ve held an Autans	sv 🗍 Insn	ection 🖳 Inquiry	and in my apin	nion
DEPUTY SICAL E		death resulted from				. — .	Underermined mann		nuii
please explease explease explease explication.  DIRECTO	-	_//	50	1 -		MEDICAL EXAMINER			
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necessory, the funerol 5 moy be ro Funeral Health pri		NAME (Type)	- Andware	MA		SS(Street, city, town			
07 ± ₹ 20 H	230.	BURIAN FREMALISHING \$ 231		NAME OF CEMETE			OCATION (City or Town)	(County) (Stote)	
	24	Burial UNERAL DIRECTOR	7-8-69	Arlingt	on Cemete	So RECD BY REGIS	SIRAR 25b. REGISTRA	rginia	
VR A15ME (5)	27		bers Co.	1400 Cha	oin St.	NATE OF A REGIS		welly Judge	*
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